

Systematic review of adaptations of public health evidence-based interventions

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Program Adaptation

Changes to an efficacious program or its components to meet the needs of a new population and community while retaining fidelity to its core elements (Solomon, 2006)

Definitions:

- **Changes:** Modifications or alterations
- **Fit:** Reduce mismatches between original EBI to new population/needs/context, increase fit
- **Fidelity:** Implementing with program fidelity/; without diluting program's effectiveness; compromising/deleting program's core elements

CONTEXT



A few mentioned planned vs. unplanned adaptations

Purpose of the Study

To assess adaptations of evidence-based, public health interventions in the published literature

Research questions:

- What are the reasons for and common types of adaptations being made to EBIs as reported in the literature?
- What steps are reported for making adaptations to EBIs?
- What individual, intervention and organizational outcomes are assessed in evaluations of adapted EBIs?

Methods

Studies identified through searches of PubMed, PsycINFO, PsycNET and CINAHL

Search concepts:

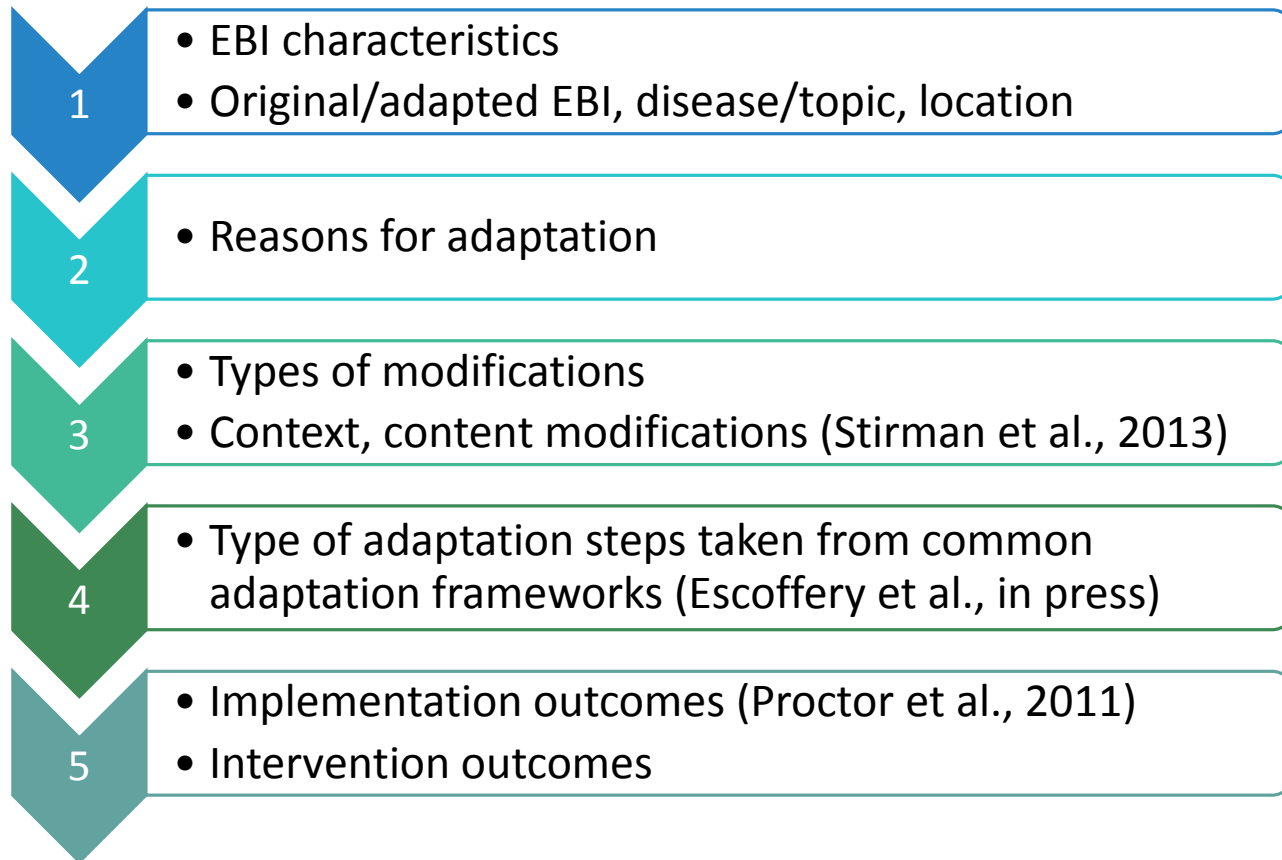
adaptation, evidence-based interventions and practice, health behavior, and quality of healthcare

Inclusion criteria:

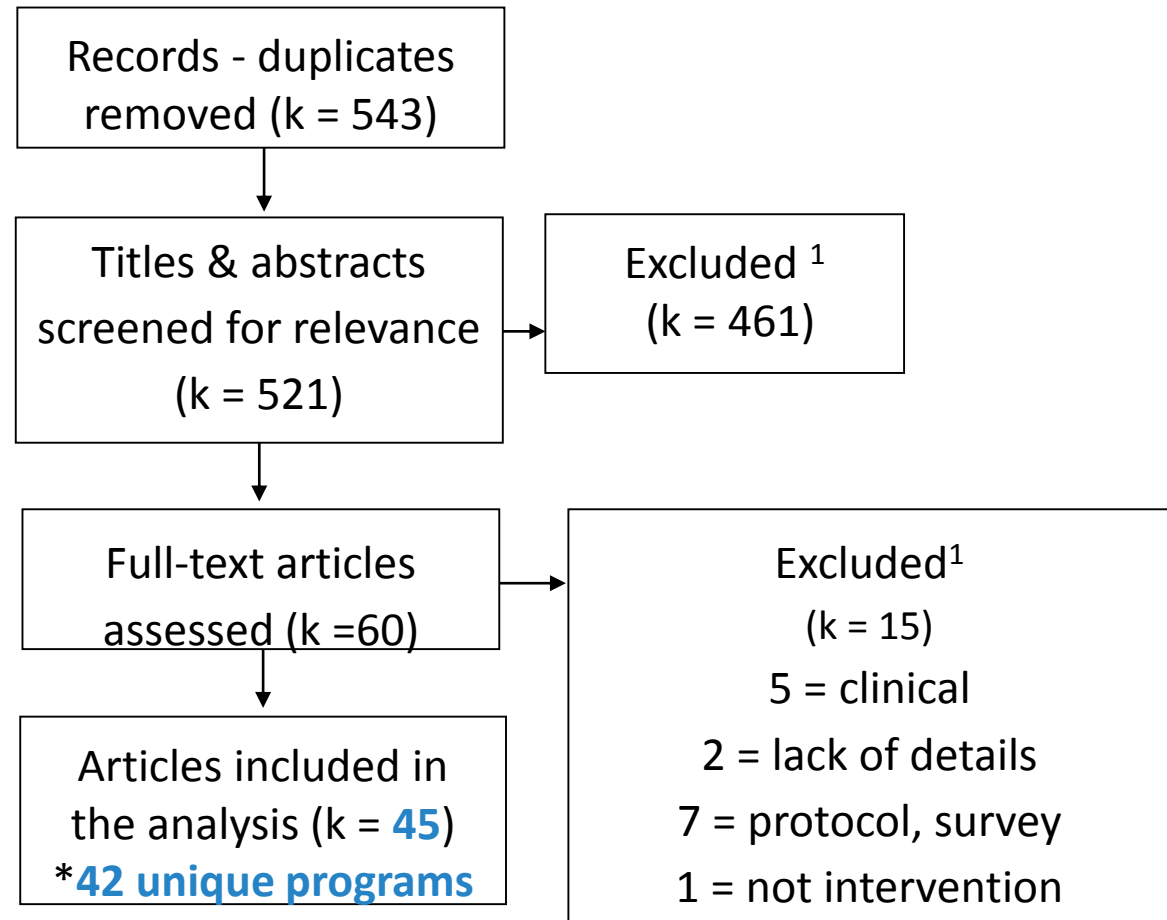
- 1) published in English,
- 2) published after 1995, and
- 3) examined the adaptation process or outcomes of an adapted evidence-based, public health program/policy

Data Abstraction

Two researchers independently abstracted:



Flow Diagram of Reviewed Articles



¹not a primary study or description of an adaptation method/process of a public health EBI; described the adaptation of a measure/scale or was a background/review article

Results - *Study Characteristics* (n=42)

- Publication years 2003 - 2014
- Common disease topics = HIV/AIDS, mental health, substance abuse, and chronic illnesses
- Most (k=27) reported on U.S. adaptations

Results - *Reasons for Adaptation*

- **Common reasons:**

- new culture (k=27; 64.3%)
- new target population (k=25; 59.5%)
- new community setting (k=24; 57.1%)

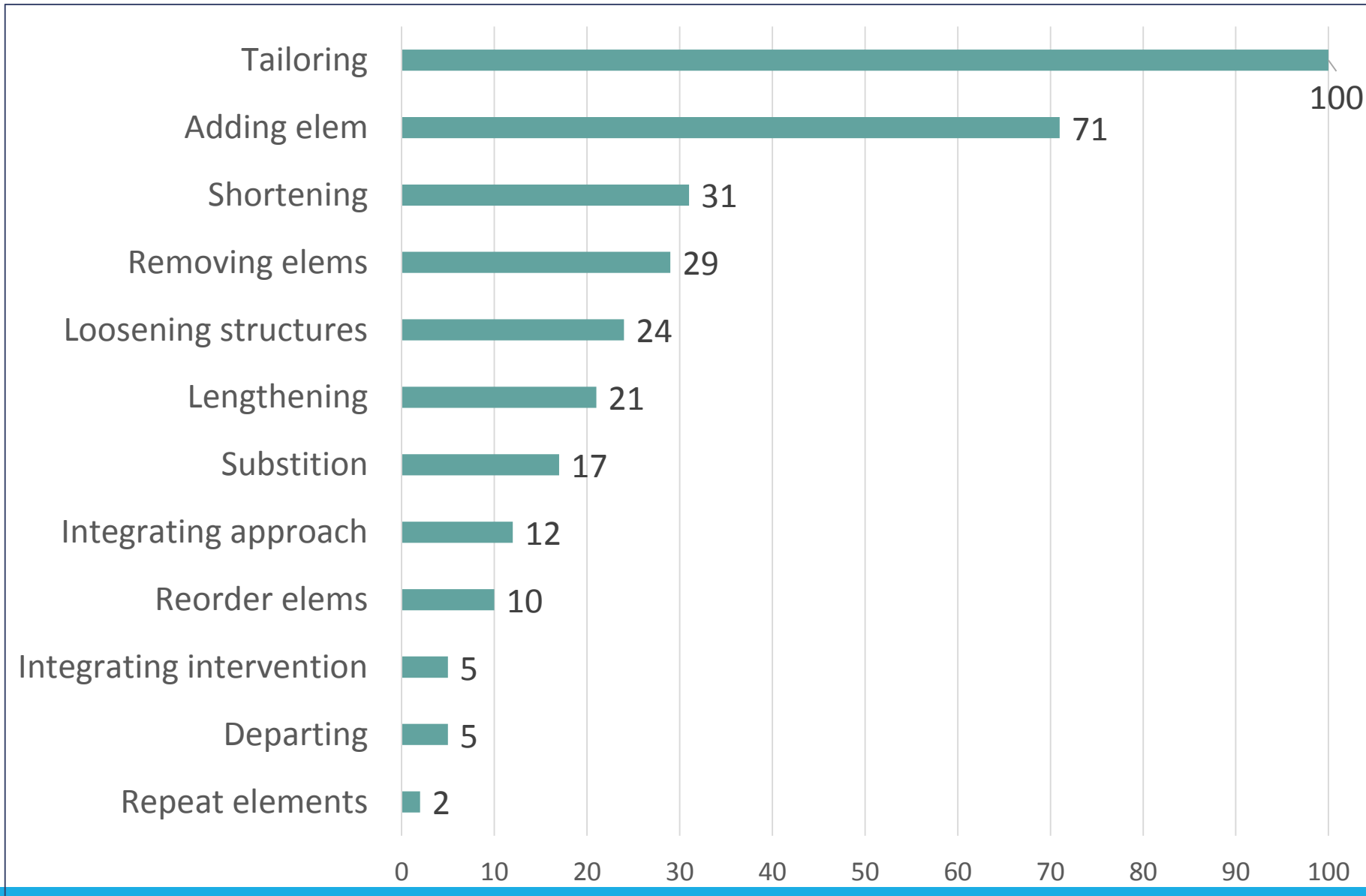
- **Less common reasons:**

- improve ease of implementation
- improve accessibility
- condense the original intervention

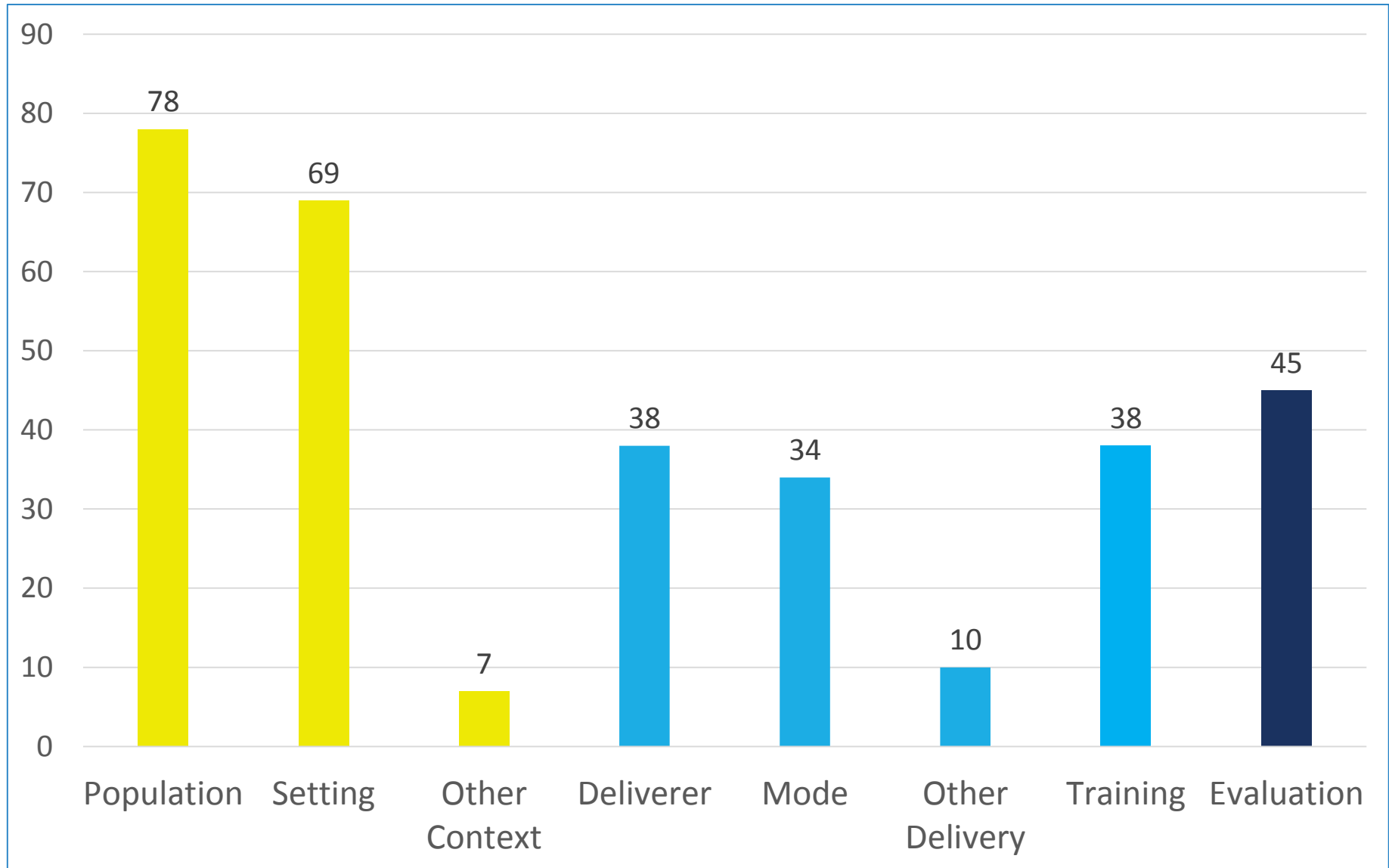
Results - *Adaptation Frameworks*

- 15 articles (36%) referenced a pre-existing framework
- Most commonly mentioned = Ecological Validity Model, Map of the Adaptation Process, and Cultural Adaptation Framework (2 studies each)
- Others mentioned at least once = Diffusion of Innovation, Replicating Effective Programs, CDC's Adaptation Traffic Light, ADAPT-ITT

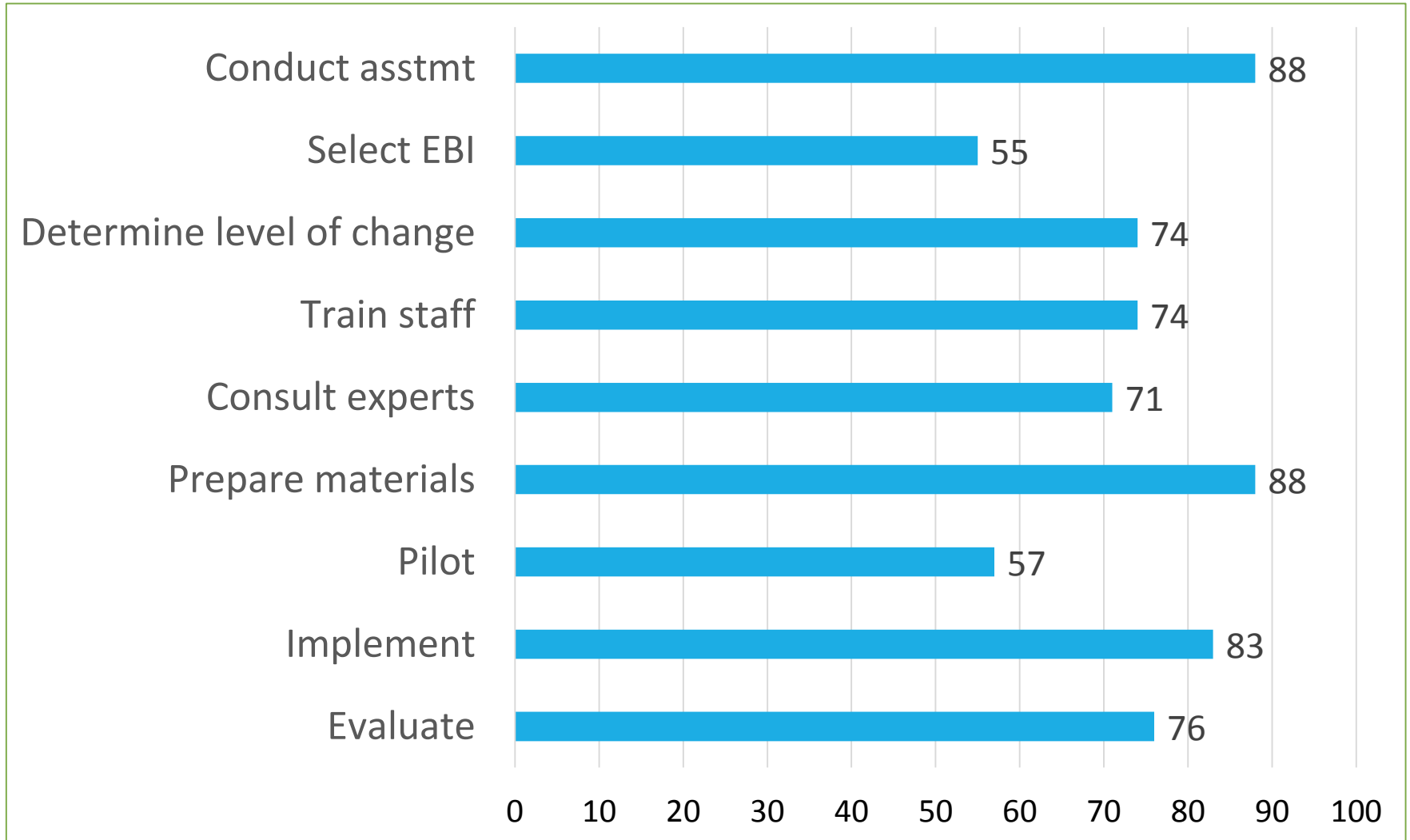
Content Adaptations



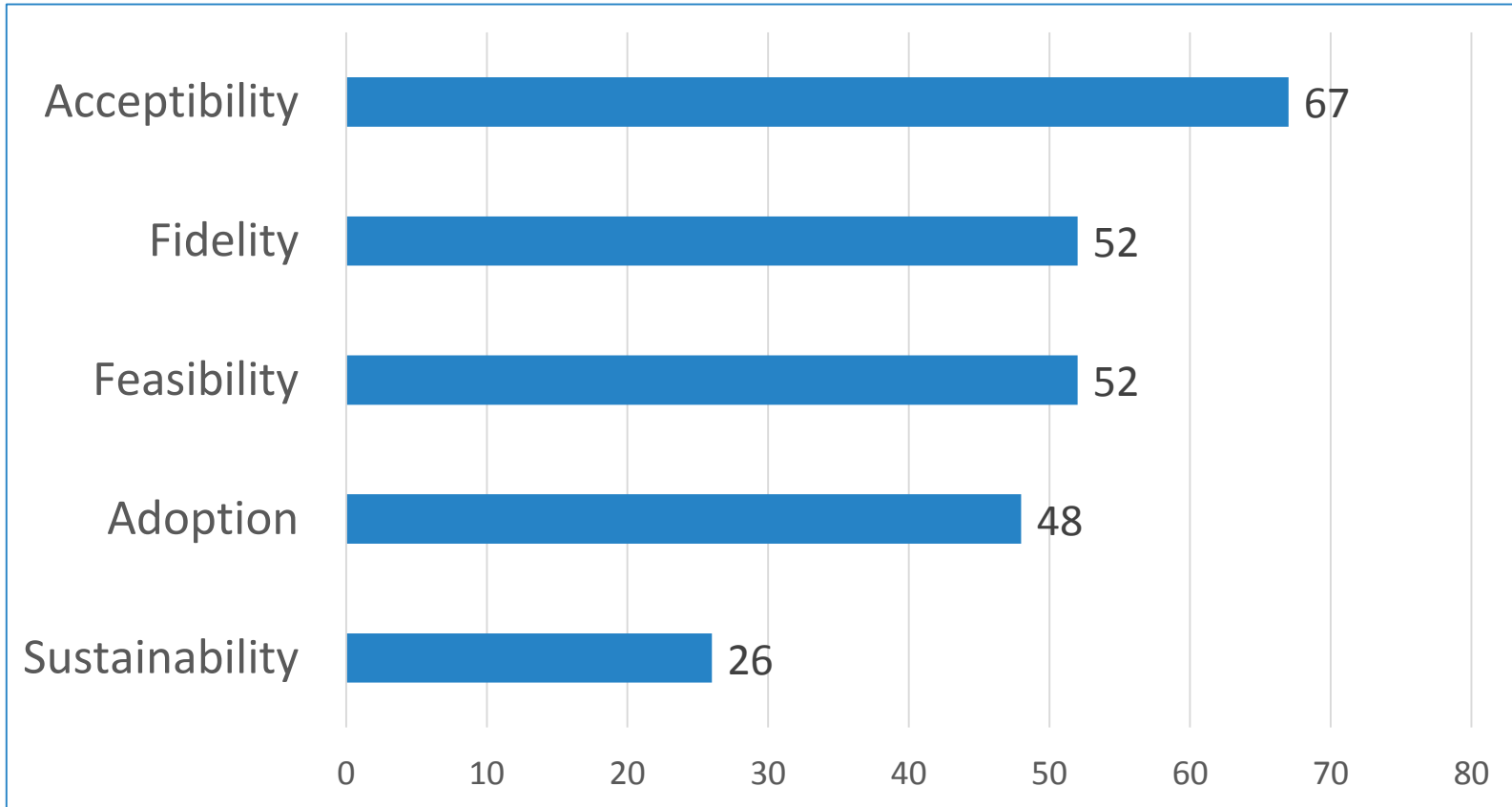
Other Adaptations



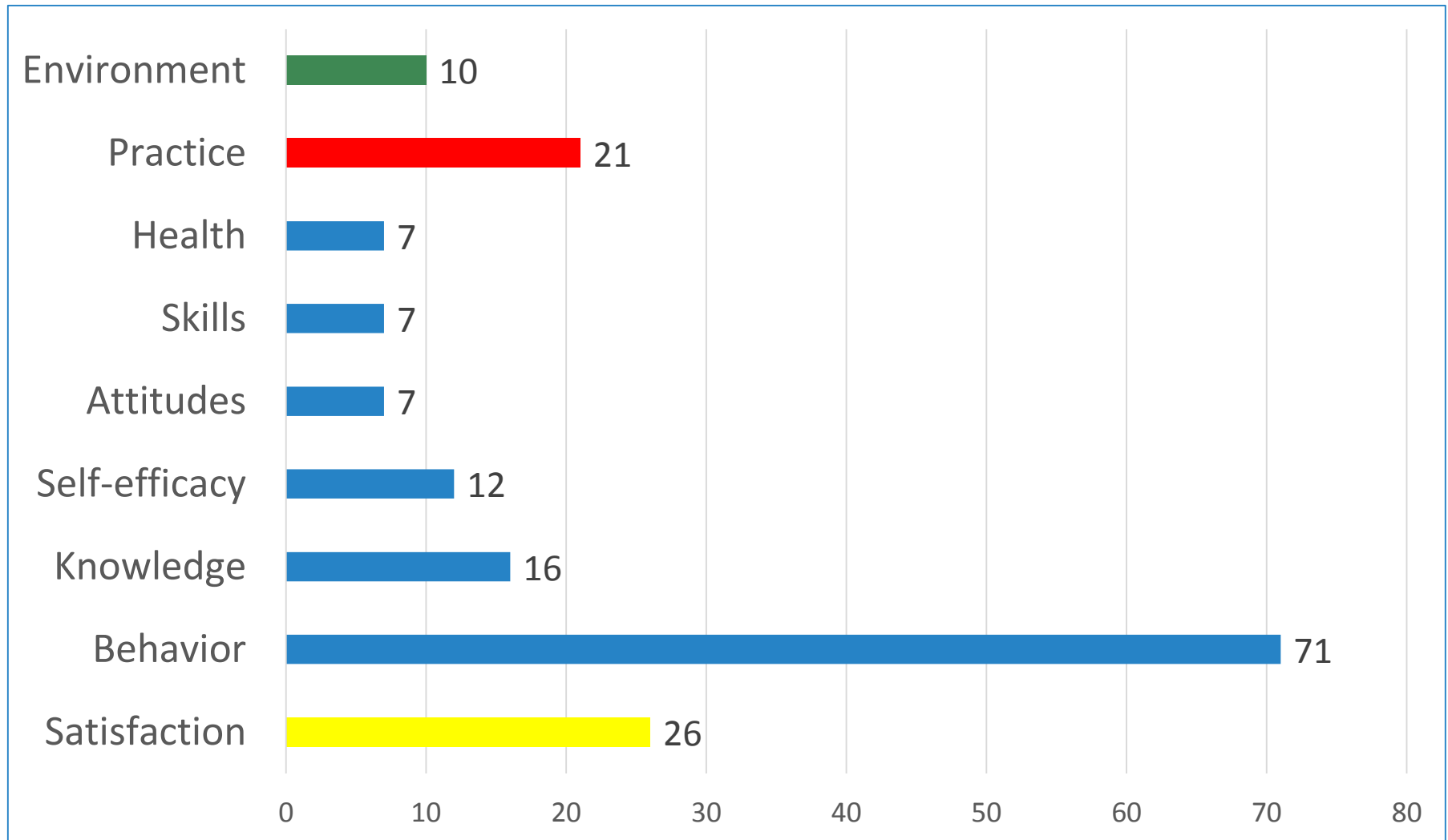
Steps in Adaptation



Implementation Outcomes



Other Intervention Outcomes



Implications for D&I Research

- This study described adaptation of EBIs in the literature; more research is needed to better understand how adaptations are occurring
- Some practitioners are using adaptation frame-works; frameworks could be more widely disseminated to inform future adaptation efforts
- We found heterogeneity and gaps in reporting the reasons and process of adaptation
- Common taxonomies of adaptation elements are needed to inform reporting of adapted EBIs (types: Stirman et al., 2013; Moore et al., dimensions: fit/timing/valence)

Future Research

- Examine composites of program changes, reasons
- Evaluate adapted EBIs to determine whether these versions are as effective as the original or other adapted versions
- Determine key features or elements re: adaptation to record and standardize across studies
- Consider a clearinghouse for adapted programs to understand the issues around ecological validity of adapted EBIs - Chambers (2016) recommendation for an adaptome (catalog of adapted programs/their results to share with the field)

Questions



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part of Prevention Research Centers



References

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